



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C101510

1. DATE OF REPORT  10/17/2021	OFFICE USE ONLY
-------------------------------------	-----------------

INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE CITIZENS TO ELECT CAROL HOWARD	
3. COMMITTEE MAILING ADDRESS 5367 GILSON AVE CITY / STATE / ZIP ST LOUIS MO 63116	4. COMMITTEE TELEPHONE NUMBER  (314) 630-6420
5. TREASURER'S NAME LAURA J OWENS	
6. TREASURER'S MAILING ADDRESS 5361 GILSON AVE CITY / STATE / ZIP ST LOUIS MO 63116	7. TREASURER'S TELEPHONE NUMBER HOME: (314) 348-0714 WORK:
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:
11. DATE OF ELECTION	12. TYPE OF ELECTION ( CHECK ONE ) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 8/18/2010 THROUGH 10/16/2021	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  Carol Howard 5367 Gilson Ave  St Louis MO 63116  (314) 832-7757  Aldersperson City of St. Louis  <input type="checkbox"/> CHECK IF INCUMBENT  <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input checked="" type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Oct 17 2021 1:58PM _____ TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY )  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Oct 17 2021 1:58PM _____ CANDIDATE'S SIGNATURE



# Missouri Ethics Commission

## REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
CITIZENS TO ELECT CAROL HOWARD	10/17/2021	

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 0.00		
2. All Monetary Contributions Received This Period	\$ 0.00			
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 0.00			
6. In-kind Contributions Received This Period	+ 0.00			
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 0.00			
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 0.00		
<b>Expenditures</b>	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 333.20		
10. Expenditures made by cash or check this period	\$ 1,312.60			
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00			
13. <b>Total</b> All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 1,312.60			
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 1,645.80		
<b>Contributions Made</b>	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	↔ Cash/Check ↔ Credit Card		
17. All In-Kind Contributions Made This Period	+ 0.00			
18. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)	\$ 0.00			
19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)		\$ 0.00		
<b>Other Disbursements</b>	A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)	\$ 0.00			
			<b>Money On Hand</b>	
			24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 1,312.60
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 0.00
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 1,120.00 b) Disbursements By Cash \$ 192.60	- 1,312.60
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 0.00
			<b>Indebtedness</b>	
			28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
			29. Loans Received This Period	+ 0.00
			30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
			B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
			31. Payments Made on Loans This Period	- 0.00
			32. Debt Forgiven on Loans This Period	- 0.00
			33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
			34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 0.00



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE CITIZENS TO ELECT CAROL HOWARD		2. REPORT DATE 10/17/2021	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$	0.00
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$	0.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$	0.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$	0.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$	0.00
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED</b> (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$	0.00
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$	0.00
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$	0.00
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$	0.00
<b>C. LOANS RECEIVED</b>		16. DATE RECEIVED	
15. NAME AND ADDRESS OF LENDER		17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)	
NAME: ADDRESS: CITY / STATE:		\$	
NAME: ADDRESS: CITY / STATE:		\$	
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$	0.00
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$	0.00
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$	0.00
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$	0.00
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$	0.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$	0.00



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 Instructions on Reverse Side

Office Use Only

1. Name of Committee CITIZENS TO ELECT CAROL HOWARD		2. Report Date 10/17/2021	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure office supplies			93.17
donations			99.43
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 192.60
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 192.60
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name: Laura Owens Address: 5361 Gilson City / State: St Louis MO 63116		10/5/2021	Campaign Worker 1,120.00 \$ <input checked="" type="checkbox"/> Paid 1,120.00 <input type="checkbox"/> Incurred
Name: Address: City / State:			\$ <input type="checkbox"/> Paid <input type="checkbox"/> Incurred
Name: Address: City / State:			\$ <input type="checkbox"/> Paid <input type="checkbox"/> Incurred
12. Subtotal: This Page ( Sum Column 11)			\$ 1,120.00
13. Subtotal: Any Attached Pages			+ 0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 1,120.00
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 1,312.60
16. Amount of Line 15 Above which was Paid Out This Period			\$ 1,312.60
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name: Hooties Pet Rescue Address: 2456 HIWAY TT City / State: 2456 HWY TT SAINT CLAIR MO 63077		10/7/2021	\$ 0.00 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
Name: Address: City / State:			\$ <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



Missouri Ethics Commission  
**COMMITTEE TERMINATION STATEMENT**

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C101510

<b>1. FULL NAME OF COMMITTEE</b> CITIZENS TO ELECT CAROL HOWARD	<b>2. DATE OF REPORT</b> 10/17/2021	<b>3. DATE OF DISSOLUTION</b> 10/14/2021
<b>4. TREASURER'S NAME AND ADDRESS</b>  NAME: LAURA J OWENS ADDRESS: 5361 GILSON AVE CITY / STATE / ZIP: ST LOUIS MO 63116	<b>5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS</b>  NAME: Carol Howard ADDRESS: 5367 Gilson Avenue CITY / STATE / ZIP: SAINT LOUIS MO 63116 TELEPHONE NO: 3146306420	
<b>6. DISTRIBUTION OF SURPLUS FUNDS</b> <input checked="" type="checkbox"/> CHECK IF NO SURPLUS REMAINED UPON TERMINATION		
<b>A. NAME AND ADDRESS OF RECIPIENT</b>	<b>B. DATE OF TRANSFER</b>	<b>C. AMOUNT</b>
NAME: ADDRESS: CITY / STATE / ZIP:		\$
NAME: ADDRESS: CITY / STATE / ZIP:		\$
NAME: ADDRESS: CITY / STATE / ZIP:		\$
NAME: ADDRESS: CITY / STATE / ZIP:		\$
NAME: ADDRESS: CITY / STATE / ZIP:		\$
NAME: ADDRESS: CITY / STATE / ZIP:		\$
<b>7. DISPOSAL OF OUTSTANDING DEBTS</b> <input checked="" type="checkbox"/> CHECK IF COMMITTEE HAD NO DEBTS UPON TERMINATION		
<b>A. NAME OF CREDITOR</b>	<b>B. DESCRIBE DISPOSAL OF DEBT</b>	<b>C. AMOUNT</b>
NAME: ADDRESS: CITY / STATE / ZIP:		\$
NAME: ADDRESS: CITY / STATE / ZIP:		\$
NAME: ADDRESS: CITY / STATE / ZIP:		\$
NAME: ADDRESS: CITY / STATE / ZIP:		\$
NAME: ADDRESS: CITY / STATE / ZIP:		\$
<b>8. TREASURER VERIFICATION OF DISSOLUTION:</b>  I CERTIFY THAT THE ABOVE NAMED COMMITTEE WAS DISSOLVED ON THE DATE INDICATED, AND THAT ALL REQUIREMENTS FOR TERMINATION UNDER SECTIONS 130.021.8 AND 130.046.7 RSMo HAVE BEEN MET.  ELECTRONICALLY SIGNED _____ TREASURER'S SIGNATURE		
<b>9. CANDIDATE VERIFICATION OF DISSOLUTION:</b> (CANDIDATE COMMITTEE ONLY)  I CERTIFY THAT THE ABOVE NAMED COMMITTEE WAS DISSOLVED ON THE DATE INDICATED, AND THAT ALL REQUIREMENTS FOR TERMINATION UNDER SECTIONS 130.021.8 AND 130.046.7 RSMo HAVE BEEN MET.  ELECTRONICALLY SIGNED _____ CANDIDATE'S SIGNATURE		